

PATENT

BBUCP101USA

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence (along with any paper referred to as being attached or enclosed) is being faxed to 571-273-8300 on the date shown below to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Date: 12/30/05
Eric D. JorgensonRECEIVED
CENTRAL FAX CENTER

DEC 30 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:

Applicant(s): Brett. J. Buchanan

Examiner: Unknown

Serial No: 10/752,898

Art Unit: 1761

Filing Date: January 6, 2004

Title: EDIBLE PET TOY

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS INDICATION
FORM

Dear Sir:

Accompanying this correspondence is a signed Power of Attorney and Correspondence Address Indication Form that re-associates the above-identified patent application with Customer No. 57608.

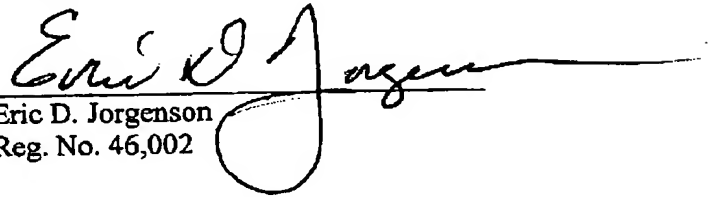
10/752,898

BBUCP101USA

REMARKS

In the event any fees are due in connection with this document, the Commissioner is authorized to charge those fees to Deposit Account No. 50-3663 (BBUCP101USA).

Respectfully submitted,



Eric D. Jorgenson
Reg. No. 46,002

LAW OFFICE OF ERIC D. JORGENSEN, ESQ.
1457 King Road
Hinckley, Ohio 44233
Telephone (216) 225-4169
Facsimile (330) 278-3135

PTO/SB/81 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/752,898
Filing Date	Jan. 6, 2004
First Named Inventor	Brett J. Buchanan
Title	Edible Pet Toy
Art Unit	1761
Examiner Name	Unknown
Attorney Docket Number	BBUCP101USA

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

57608

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Brett J. Buchanan</i>	Date	12/12/05
Name	Brett J. Buchanan	Telephone	734-289-2176
Title and Company	OWNER - EAT'S-EDIBLE ANIMAL TREATS		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.